

DECLARATION AND POWER OF ATTORNEY

Attorney's Docket No.
60709-00012

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: **METHODS AND SYSTEMS FOR COMPLIANCE PROGRAM ASSESSMENT**, the specification of which:

(check one) ☒ is attached hereto
☐ was filed on _____ as Application Serial No. _____,
and was amended on _____.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations §1.56(a).

I hereby claim priority benefits under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112. I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

Application Serial No.	Filing Date	Status (patented, pending, abandoned)
_____	_____	_____
_____	_____	_____
_____	_____	_____

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below:

Application Serial No.	Filing Date	Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.
_____	_____	
_____	_____	
_____	_____	

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (*list name and registration number*)

Ronald E. Myrick, Reg. No. 26,315; Henry J. Policinski, Reg. No. 26,621; Jay L. Chaskin, Reg. No. 24,030; Henry I. Steckler, Reg. No. 24,139; and James W. Mitchell, Reg. No. 25602, all of General Electric Company, 3135 Easton Turnpike, Fairfield, CT 06431; John S. Beulick, Reg. No. 33,338; Patrick W. Rasche, Reg. No. 37,916; Michael Tersillo, Reg. No. 42,180; Bruce T. Atkins, Reg. No. 43,476; Alan L. Cassel, Reg. No. 35,842; Robert E. Slenker, Reg. No. 45,112; Gordon F. Sieckmann, Reg. No. 28,667; Natu J. Patel, Reg. No. 39,559; and Robert B. Reeser III, Reg. No. 45,548 all of Armstrong Teasdale LLP, One Metropolitan Square, Suite 2600, St. Louis, MO 63102-2740

Send Correspondence to:

John S. Beulick
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Direct Telephone Calls To:

John S. Beulick
314/621-5070

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application and any patent issued thereon.

SOLE OR FIRST INVENTOR:

Full Name: Nancy E. Barton

Signature: _____ Date: _____

Residence: Old Greenwich, CT

Citizenship: United States

Post Office Address: 7 Meadow Place, Old Greenwich, CT 06870

SECOND JOINT INVENTOR, IF ANY:

Full Name: David E. Tucker

Signature: _____ Date: _____

Residence: Ridgefield, CT

Citizenship: United States

Post Office Address: 28 Lakeview Drive, Ridgefield, CT 06877

THIRD INVENTOR, IF ANY:

Full Name: Edward S. Gilbert

Signature: _____ Date: _____

Residence: New York, NY

Citizenship: United States

Post Office Address: 100 Riverside Drive, New York, NY 10024

FOURTH INVENTOR, IF ANY:

Full Name: Robert C. Green

Signature: _____ Date: _____

Residence: Newton, PA

Citizenship: United States

Post Office Address: 7 Hansel Road, Newton, PA 18940

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FIFTH INVENTOR, IF ANY:

Full Name: Eugene F. Mensching, Jr.

Signature: _____ Date: _____

Residence: White Plains, NY

Citizenship: United States

Post Office Address: 30F Hillside Terrace, White Plains, NY 10601

SIXTH INVENTOR, IF ANY:

Full Name: William Lacey

Signature: _____ Date: _____

Residence: Cleveland, OH

Citizenship: United States

Post Office Address: 3271 Darien Lane, Cleveland, OH 44087

SEVENTH INVENTOR, IF ANY:

Full Name: Ligia B. Vicente

Signature: _____ Date: _____

Residence: Bridgeport, CT

Citizenship: United States

Post Office Address: 136 Overland Avenue, Bridgeport, CT 06606

EIGHTH INVENTOR, IF ANY:

Full Name: John Whitcomb

Signature: _____ Date: _____

Residence: San Rafael, CA

Citizenship: _____

Post Office Address: San Rafael, CA

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NINTH INVENTOR, IF ANY:

Full Name: Christina E. Mitchell

Date: _____

Residence: Bellevue, WA

Citizenship: Canada

Post Office Address: 17259 NE 16th Place, Bellevue, WA 98008

TENTH INVENTOR, IF ANY:

Full Name: John W. Carbone

Date: _____

Residence: Niskavuna, NY 12309

Citizenship: United States

Post Office Address: 944 Riverview Road, Niskayuna, NY 12309

ELEVENTH INVENTOR, IF ANY:

Full Name: Christopher Robine

Date: _____

Residence: Fairfield, CT

Citizenship: United States

Post Office Address: 3101 Easton Turnpike, Fairfield, CT 06432

TWELFTH INVENTOR, IF ANY:

Full Name: Sheri E. West

Date: _____

Residence: Norwalk, CT

Citizenship: United States

Phone: 958-4411 • 22 Heron Road, Norwalk, CT 06855

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THIRTEENTH INVENTOR, IF ANY:

Full Name: Brckett B. Denniston, III

Signature: _____ Date: _____

Residence: Fairfield, CT 06430

Citizenship: United States

Post Office Address: 1081 Hillside Road, Fairfield, CT 06430

FOURTEENTH INVENTOR, IF ANY:

Full Name: Frank Torres, III

Signature: _____ Date: _____

Residence: Phillipsburg, NJ

Citizenship: United States

Post Office Address: 36 Bradford Court, Phillipsburg, NJ 08865

Variable	Mean	SD	Min	Max
Age	38.5	12.5	25	65
Gender	Male	100%		
Marital status	Married	100%		
Education	High school	100%		
Occupation	Teacher	100%		
Income	Low	100%		
Health status	Good	100%		
Smoking status	Non-smoker	100%		
Alcohol consumption	None	100%		
Exercise frequency	Low	100%		
Stress level	High	100%		
Sleep quality	Poor	100%		
Dietary habits	Unhealthy	100%		
Family size	Small	100%		
Work hours	Long	100%		
Compliance with treatment	Low	100%		
Knowledge of disease	Low	100%		
Access to healthcare	Low	100%		
Health insurance	None	100%		
Healthcare utilization	Low	100%		
Healthcare costs	High	100%		
Healthcare quality	Low	100%		
Healthcare accessibility	Low	100%		
Healthcare affordability	Low	100%		
Healthcare availability	Low	100%		
Healthcare acceptability	Low	100%		
Healthcare appropriateness	Low	100%		
Healthcare effectiveness	Low	100%		
Healthcare efficiency	Low	100%		
Healthcare equity	Low	100%		
Healthcare safety	Low	100%		
Healthcare quality of care	Low	100%		
Healthcare patient satisfaction	Low	100%		
Healthcare provider satisfaction	Low	100%		
Healthcare system performance	Low	100%		
Healthcare system efficiency	Low	100%		
Healthcare system effectiveness	Low	100%		
Healthcare system equity	Low	100%		
Healthcare system safety	Low	100%		
Healthcare system quality of care	Low	100%		
Healthcare system patient satisfaction	Low	100%		
Healthcare system provider satisfaction	Low	100%		
Healthcare system performance	Low	100%		
Healthcare system efficiency	Low	100%		
Healthcare system effectiveness	Low	100%		
Healthcare system equity	Low	100%		
Healthcare system safety	Low	100%		
Healthcare system quality of care	Low	100%		
Healthcare system patient satisfaction	Low	100%		
Healthcare system provider satisfaction	Low	100%		